



Government Services

TelePay Cardholder Form

Please check one: ☐ SET UP
☐ CHANGE
☐ CANCEL

CARDHOLDER INFORMATION

Cardholder Name: _____
(as it appears on the U.S. Bank Travel Card Account)
Company Name: _____
Social Security Number: _____

TAKE PAYMENT FROM ONE OF THE FOLLOWING ACCOUNTS

Payment Type	Financial Institution Name	Routing/Transit Number (9 digits)	Account Number (maximum 14 digits)
Checking*			
Savings			

*Please include VOIDED CHECK if choosing the deduction from your checking account.

TRANSFER PAYMENT TO DESTINATION

U.S. Bank Travel Card Account Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _

CONFIRMATION OF PAYMENT SETUP

We will send a confirmation letter after your TelePay is initially setup. Please continue to pay your monthly balance until you receive the confirmation. After you receive your letter, you can initiate TelePay payment at any time.

TERMS AND CONDITIONS

1. Payments can be made from a checking or savings account from most financial institutions in United States. Payments made after 6 p.m. CST will be posted on the next business day.
2. TelePay payments will be recognized on your monthly statement by the transaction description of "TelePay Payment."
3. If there are non-sufficient funds (NSF) in the account on the day of payment, U.S. Bank National Association ND will apply a \$15.00 fee per NSF transaction.
4. This authority will remain in effect until you notify U.S. Bank in writing (Government Services Customer Service, Inc., P.O. Box 6347, Fargo, ND 58125-6347) to cancel it, allowing U.S. Bank National Association ND reasonable time to act.

By signing below, you (the account holder) authorize the creditor and issuer of the U.S. Bank Travel Card account, U.S. Bank National Association ND, to process telephone payments from your designated checking or savings account to make payments to your U.S. Bank Travel Card account. Your signature also indicates your agreement to the TelePay terms and conditions.

Name (Please Print) _____ Company Name _____
Signature _____ Date _____

Return this application to:
Government Services Customer Service
P.O. Box 6347, Fargo, ND 58125
Fax: (701) 461-3466

U.S. Bank complete:
Company Number _____
Agent Number _____